



## LICENSED MIDWIFE APPLICATION

*Instructions: Complete this application by using the checklist to ensure all required documentation is attached and mail to the PO Box shown at the top of this form.*

### Application & Documentation Checklist (ref. OAC 310:395-7-2, 310:395-7-3)

- Completed and signed Midwife License Application Form with Application Fee \$1,000.00 (non-refundable)
- Completed Affidavit of Lawful Presence Form
- Resume with relevant midwifery work history
- Proof age is at least 18 years (legible copy of valid government issued photo ID such as a non-expired Driver's License)
- Proof of High School graduation or Graduate Education Diploma (GED)
- Proof of current certification from NARM or AMCB
- Proof of current certification in neonatal resuscitation by the American Academy of Pediatrics or equivalent
- Proof of completion of coursework or training certificate within the last 3 years in administration of medicine including injections and IV administration
- Proof of current certification in Bloodborne Pathogen (BBP) training from the American Red Cross (ARC) or equivalent
- Proof of current certification in CPR training for health care providers from the American Heart Association (AHA) or equivalent
- Proof of other pertinent credentials listed below

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Phone #: \_\_\_\_\_ Cellular #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

County: \_\_\_\_\_ E-mail: \_\_\_\_\_

### BACKGROUND CHECK INFORMATION

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Aliases: \_\_\_\_\_ SSN: \_\_\_\_\_

### CREDENTIAL INFORMATION

Yes  No Do you have other credentials? *If yes, list credentials:*

Yes  No Are you currently licensed or have been previously licensed as a Midwife in any other state?  
*If yes, list state(s):* \_\_\_\_\_

Yes  No Have you ever been convicted of misconduct or been subject to disciplinary action? *If yes, describe below.*

Yes  No Have you ever had a court judgment against you related to midwifery? *If yes, describe and include documents, etc.*  
*If yes, describe:* \_\_\_\_\_

**READ CAREFULLY** The applicant signing this application being duly sworn declares that the foregoing statements are true to the best of their knowledge and that they personally signed this application. The applicant also accepts and understands all conditions of licensure as set forth in OAC 310:395 including rules pertaining to scope of work, professional standards, and required reporting to OSDH. By signing below, you also give consent for the department to perform a background check which may contain information regarding your criminal history and/or motor vehicle records, and other background information about you. Submitting this form DOES NOT give permission to provide or offer to provide midwife services as a Professional Licensed Midwife or a Licensed Midwife. (Note: Retain a copy of completed form.)

Applicant Signature: \_\_\_\_\_  
Signature Date

OSDH License #: \_\_\_\_\_ OSDH Receipt #: \_\_\_\_\_ Receipt Date: \_\_\_\_\_